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Objectives Evidence from meta-analyses of randomised clinical trials shows interventions for young people at ultra-high risk (UHR) of developing psychosis are effective both clinically and economically. While research evidence has begun to be integrated into clinical guidelines, there is a lack of research on the implementation of these guidelines. This paper examines service provision for UHR individuals in accordance with current clinical guidelines within the National Health Service (NHS) in England.

Method A self-report online survey was completed by clinical leaders of Early Intervention in Psychosis (EIP) teams ($n = 50$) within the NHS across the UK.

Results Of the 50 EIP teams responding (from 30 NHS Trusts), 53% reported inclusion of the UHR group in their service mandate, with age range predominantly 14–5 years (81%) and service provided for at least 12 months (53%). Provision of services according to NICE clinical guidelines showed 50% of services offered cognitive behavioural therapy (CBT) for psychosis, and 42% offered family intervention. Contrary to guidelines, 50% of services offered antipsychotic medication. Around half of services provided training in assessment by CAARMS, psycho-education, CBT for psychosis, family work and treatment for anxiety and depression.

Conclusions Despite clear evidence for the benefit of early intervention in this population, current provision for UHR within EIP services in England does not match clinical guidelines. While some argue this is due to a lack of allocated funding, it is important to note the similar variable adherence to clinical guidelines in the treatment of people with established schizophrenia.

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e-Poster walk: Schizophrenia and other psychotic disorders—part 2

EW0254

Effects of chronic antipsychotic treatment on neurophysiological correlates of the auditory oddball task in schizophrenia: A preliminary report from a multicentre study

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Introduction The effects of chronic antipsychotic administration on the human brain are debated. In particular, first-generation (FGAs) and second-generation antipsychotics (SGAs) seem to have different impacts on brain function and structure in subjects with

schizophrenia. Few studies have investigated the effect of chronic administration of FGAs and SGAs on indices of brain function, such as event-related potentials (ERP) or neuropsychological performance.

Objectives Within the Italian Network for Research on Psychoses study, subjects stabilized on FGAs or SGAs were compared on P300, an ERP component, thought to reflect attention, working memory and context integration and on neurocognitive indices.

Methods ERPs were recorded in 110 chronic, stabilized patients with Schizophrenia (28 used FGAs) during a standard auditory oddball task. P300 latency and amplitude were assessed at Pz channel. MATRICS Consensus Cognitive Battery (MCCB) was used for cognitive assessment.

Results Compared with the SGAs group, patients on FGAs showed significant increased P300 latency ($P = 0.003$; Cohen's $d = 0.67$) and significant decreased P300 amplitudes ($P = 0.023$; Cohen's $d = 0.38$). The two groups did not differ on psychopathology and MCCB scores. Multiple linear regressions revealed that "FGAs vs. SGAs" ($\beta = 0.298$, $P = 0.002$) and MCCB neurocognitive composite T-score ($\beta = -0.273$, $P = 0.004$) were independent predictors of P300 latency, whereas only age ($\beta = -0.220$, $P = 0.027$) was an independent predictor of P300 amplitude.

Conclusions FGAs seem to affect the functional brain activity more than SGAs, particularly slowing cortical processing. Our results suggest that discrepant findings concerning P300 latency in schizophrenia might be related to the type of antipsychotic treatment used. Longitudinal studies are needed to further address this issue.

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EW0255

Schizophrenia and major depression: Resilience, coping styles, personality traits, self-esteem and quality of life

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Introduction Resilience is commonly defined as positive adaptation to adverse events or as the ability to maintain or regain mental health after exposure to difficulties. According to the bio-psycho-social model, resilience is influenced by self-esteem, coping strategies and personality traits. In schizophrenic patients, resilience seems to affect real-life functioning, while in mood disorders, resilience influences the longitudinal course of the disorder, reducing the frequency of relapses and improving drugs response.

Objectives The aim of this study is to assess levels of resilience and self-esteem, coping strategies, perceived quality of life and temperament characteristics in a sample composed by patients with major depressive disorder and patients affected by schizophrenia.

Methods We collected a sample composed by 40 patients with major depressive disorder and 40 patients affected by schizophrenia patients recruited at the "Maggiore della Carità" Hospital in Novara, Italy. The assessment protocol included: Resilience Scale for Adults (RSA), Coping Orientation to Problems Experienced Inventory—Brief (BRIEF—COPE), Rosenberg Self-esteem Scale (RSES), Paykel List Of Stressful Events, Temperamental and Character Inventory (TCI) and Short form 36 (SF-36). Comparison of qualitative data was performed by means of the χ^2 , a t -test was performed for continuous normal-distribution variables otherwise a non-parametric Mann–Whitney test was performed. Statistical significance was set at $P \leq 0.05$.